

Hospital Reproductive Health Services

In accordance with 2SSB 5602 (Laws of 2019), the purpose of this form is to provide the public with specific information about which reproductive health services are and are not generally available at each hospital.
Please contact the hospital directly if you have questions about services that are available.

Hospital name: Providence Sacred Heart Medical Center and Children's Hospital

Physical address: 101 W. 8th Ave.

City: Spokane

State: WA

ZIP Code: 99204

Hospital contact: Susan Stacey

Contact phone #: 509-474-3040

An acute care hospital may not be the appropriate setting for all reproductive health services listed below.

Some reproductive services are most appropriately available in outpatient settings such as a physician office or clinic, depending on the specific patient circumstances.

The following reproductive health services are generally available at the above listed hospital:

Abortion services

- Medication abortion
- Referrals for abortion
- Surgical abortion

Contraception services

- Birth control: provision of the full range of Food and Drug Administration-approved methods including intrauterine devices, pills, rings, patches, implants, etc.
- Contraceptive counseling
- Hospital pharmacy dispenses contraception
- Removal of contraceptive devices
- Tubal ligations
- Vasectomies

Emergency contraception services

- Emergency contraception - sexual assault
- Emergency contraception - no sexual assault

Infertility services

- Counseling
- Infertility testing and diagnosis
- Infertility treatments including but not limited to in vitro fertilization

Other related services

- Human immunodeficiency virus (HIV) testing
- Human immunodeficiency virus (HIV) treatment
- Pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), prescriptions, and related counseling
- Sexually transmitted disease testing and treatment
- Treatment of miscarriages and ectopic pregnancies

Pregnancy-related services

- Counseling
- Genetic testing
- Labor and delivery
- Neonatal intensive care unit
- Prenatal care
- Postnatal care
- Ultrasound

Comments; limitations on services; other services

Some services listed on this form may be provided when medically indicated.

Procedures that induce sterility are permitted when their direct effect is the cure or alleviation of present and serious pathology and a simpler treatment is not available.

Additional comments on next page

Signed by:

Date (mm/dd/yyyy)



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Additional comments; limitations on services; other services (*continued*)

Operations, treatments and medication that have as their direct purpose the cure of a proportionately serious pathological condition of a pregnant woman (patient) are permitted when they cannot be safely postponed until the unborn child is viable, even if they will result in the death of the unborn child.

The services listed here occur within the privacy of the patient-provider relationship and may be affected by the independent agency of the provider.

Signed by:

A handwritten signature in black ink, appearing to be "Susan H.", written over a horizontal line.

Date (mm/dd/yyyy)

4/28/23